

## **Supervision/Peer Consultation Documentation Form**

Behavioral Health Division Renewal Provider Certification

Please refer to the Wyoming Standards Chapter 2, Section 10. Clinical Staff and Supervision. Pursuant to these rules, clinical oversight must consist of one (1) contact per month between a clinical supervisor and treatment staff or peer consultation if the provider is one person.

Date	Areas Covered	Type of	Participant
		Contact	Signatures/Initi
Example:	Management / Clinical /	Individual/	Supervisee and
xx/xx/xxxx	Professional / Emergency/ Dev / Support / Ethics / Confidentiality/	Group	Supervisor/Peer
	Support / Ethics / Confidentiality/	•	Consultant
	Other		Signatures/Initials

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